

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/508804 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* <u>D</u>		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1				
2							52						
3							53						
4							54		1				
5							55		1				
6							56		1				
7							57		1				
8							58	1					
9							59	1					
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					3		TOTAL IND.						
TOTAL DEP.					21		TOTAL DEP.						
TOTAL CLAIMS					24		TOTAL CLAIMS						